



Silver State Health Insurance Exchange

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EXCHANGE CONSUMER ASSISTANCE CENTER PROPOSAL

January 15, 2015

PURPOSE

The purpose of this proposal is to present multiple options and recommendation for the Exchange to meet the Consumer Assistance requirement as a State Based Marketplace through the utilization of a Consumer Assistance Center.

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BACKGROUND

The Silver State Health Insurance Exchange (Exchange) was created on June 16, 2011 pursuant to Senate Bill 440 of the 76th Legislative Session:

[NRS 695I.210\(a\)](#) mandates the Exchange shall: “Create and administer a state-based health insurance exchange.” Additionally, [NRS 695I.210\(e\)](#) mandates the Exchange shall: “...perform all duties that are required of the Exchange to implement the requirements of the Federal Act.”

[45 CFR §155.205\(a\)](#) mandates: “The Exchange must provide for operation of a toll-free call center that addresses the needs of consumers requesting assistance...”

To meet these requirements, the Exchange initially entered in contract with Xerox Healthcare, LLC to provide a Business Operations Solution (BOS) as a web portal for Nevadans to enroll in health insurance, as well as Customer Contact Center.

On May 20, 2014, the Exchange Board approved the option end the relationship with Xerox and to become a Supported State Based Marketplace (SSBM) for Plan Year 2015, while developing procurement for a transfer system from another state to be implemented in Plan Year 2016. This decision meant that the Exchange would utilize the federal infrastructure during the calendar year 2015 to take time to establish the transfer system of choice. The current Nevada Health Link portal would be maintained as the entry point for enrollment, with the federal eligibility and enrollment system as the operating platform.

On September 11, 2014, the Exchange Board approved the cancellation of the development of procurement for a transfer system, effectively ending the process for Nevada to maintain its own eligibility and enrollment platform in the future.

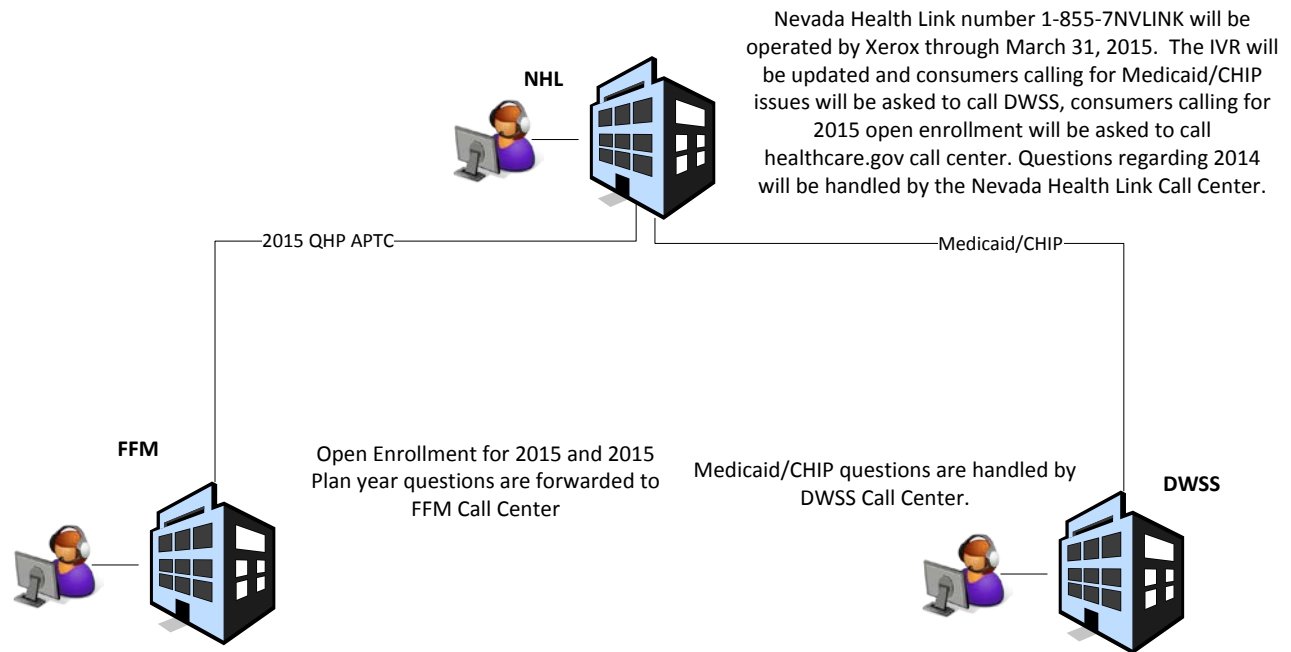
SUPPORTED STATE BASED MARKETPLACE (SSBM) TRANSITION

Immediately following the May 20, 2014 decision to transition to the Supported State Based Marketplace (SSBM) model, Exchange staff members collaborated with state and federal partners to ensure a smooth transition. The current Xerox BOS system is scheduled to be maintained through March 2015 to ensure Nevadans continue to have access to their 2014 Qualified Health Plans (QHPs) and the Xerox Customer Contact Center will remain operational through March 2015 to support 2014 issues.

Simultaneously, the Division of Welfare and Supportive Services (DWSS) expanded their current call center operations to allow for Nevadans to apply for and enroll in Medicaid over the phone.

Since the Exchange will be utilizing Healthcare.gov, the federal eligibility and enrollment platform for 2015 Qualified Health Plan enrollment, the decision was made to redirect Nevadans with 2015 QHP issues directly to the federal call center for the upcoming open enrollment (November 15, 2014 - February 15, 2015). The following high level overview describes the 3 call center process:

Nevada Health Link Call Center Routing November 15, 2014 – March 31, 2015



Considerations:

Planned ramp-down of call center staff:

- December 31st End of 2014 Coverage Year
- March 1st End of 2014 QLE filing window (60d from end of 2014 Coverage year)
- March 31st End of APTC grace period, Appeals period (90d from end of 2014 Coverage Year)

Anticipate significant/peak increases for call center staffing; historical data shows spike in calls prior to deadlines/period end (bullets above)

XEROX CALL CENTER – LESSONS LEARNED

During the initial open enrollment (October 1, 2013 – March 31, 2014), Xerox operated a Customer Contact Center in Henderson, Nevada. The Exchange maintains an office in the same building as the Xerox Call Center; however, no dedicated onsite Exchange staffs were available to oversee the operations of this call center.

There were significant breakdowns of communication between Xerox and the Exchange. Misinformation was frequently provided to Nevadans and massive hold times and dropped calls plagued the Xerox call center for month. By December 2013, the Xerox call center was so overburdened and understaffed, they had to ramp up immediately from an initial 30

representatives to over 240 by the end of January. The overflow call centers in Texas and Florida were overwhelmed, and the level of training and knowledge waned the more those centers were utilized. Additionally, the staff at all of the call centers were not initially certified by the Division of Insurance as Exchange Enrollment Facilitators (EEFs) as required by NRS 695J. This placed unnecessary exposure and liability to Xerox (and ultimately the Exchange).

It has been determined that onsite oversight and management is critical in the initial development of a call center.

NEW MEXICO MODEL

The Exchange reached out to other states who were supported by the federal platform in 2014 to find out how they met the consumer assistance functions outlined in 45 CFR §155.205(a) while utilizing a federal system that they have no direct access into to assist consumers with account issues. New Mexico responded with a model they utilized effectively for the initial open enrollment period.

New Mexico developed a small call center and staffed it with their best and brightest Navigators (5 total). These Navigators are subject matter experts in the area of eligibility and enrollment, and their call center utilized a multi-tiered approach to address consumer issues.

- Tier 1: The first tier of call center staff would help consumers connect to the appropriate resource for assistance. Like Nevada, New Mexico's Exchange is separate from their Medicaid, so consumers with Medicaid issues were referred to their state's Medicaid office. Additionally, consumers with basic issues with Healthcare.gov were directed to the federal call center for assistance. And finally, consumers who wanted to sit down with a live person for help were directed to brokers and other Navigators throughout the state.
- Tier 2: The last tier would perform consumer advocacy roles and champion complicated issues with both Medicaid and Healthcare.gov. This includes split families (Medicaid and QHP) as well immigration issues and documentation proof. New Mexico referred to the staff at Tier 2 as "Super Navigators" trained with the knowledge and experience to work difficult problems not only directly with consumers but also with their state's political core.

CURRENT CALL CENTER DEMAND FOR PLAN YEAR 2015

At the request of the Exchange, the Xerox Call Center has been tracking all inbound calls to determine the demand for Plan Year 2015 customer assistance. Below summarizes the statistics to date:

Xerox Call Center Statistics	
November 17, 2014 - January 3, 2015	
Week Beginning	Plan Year 2015 Calls
17-Nov	844
24-Nov	330

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1-Dec	759
8-Dec	981
15-Dec	885
22-Dec	334
29-Dec	434
TOTAL	4567
Average Per Week	652
Average Per Day	109

The Xerox Call Center utilizes an initial recording that informs Nevadans if they have questions about their 2015 health plans to contact the federal call center. But the statistics above show that Nevadans are still in need of assistance and an Exchange Consumer Assistance Center is warranted.

PLANNED XEROX CALL CENTER EXIT

The Exchange has been closing out the requirements and activities with the current vendor Xerox since the Board made the decision to dissolve that relationship back on May 20, 2014. As part of the closeout schedule, Xerox will be closing their call center on March 31, 2015. The timing of this exit was aligned with the shutdown of the BOS (also on March 31, 2015) as March is the last available month where Nevadans can submit Qualifying Life Events (QLEs) for enrollment in Qualified Health Plans for Plan Year 2014. Per the ACA, the Exchange must allow consumers the ability to report QLEs up to 60 days past the triggering event.

However, the 2014 tax season ends on April 15, 2015 (with extensions available through October). This leaves Nevadans without a direct line regarding their accounts and the answers to questions about the data within their 1095A forms. As of April 1, 2015, there will not be anyone who can look up answers to questions posed by Nevadans about their 2014 health plans.

EXCHANGE CONSUMER ASSISTANCE CENTER - PROPOSED OPERATION

During the 2014 open enrollment period, consumers with questions, issues and/or concerns regularly contacted their congressional representatives, brokers and carriers in order to get assistance on Nevada Health Link. Many of these issues were complex and required one-on-one assistance and follow up that the federal call center will be unlikely to provide in 2015. An Exchange Consumer Assistance Center will have the ability to provide this type of personalized customer service that was available in 2014 for 2015. It will offer a more consumer friendly style that can be utilized by those within the state who may need a more personal “hands on” approach, such as the congressional staff who are often required to follow up with the constituents that have contacted their offices. The Exchange Consumer Assistance Center will also have the ability to prioritize and escalate certain high profile cases or those requiring immediate resolution through either internal FFM call center contacts or through our State Officer. This benefits not just the Exchange, but also carriers, enrollment assistors and representatives from several state agencies.

Therefore, based on discussions with New Mexico on their successful small call center operation and the federal requirement for the Exchange to “provide for operation of a toll-free call center that addresses the needs of consumers requesting assistance,” the Exchange is proposing to develop a small Consumer Assistance Center to assist Nevadans enroll in health insurance. And based on lessons learned from Xerox’s call center, the following summarizes the high level factors that will be included:

- Proposed Start Date: April 1, 2015.
 - This kick-off date seamlessly moves the Exchange from Xerox’s call center to the Exchange Consumer Assistance Center operations to ensure the Exchange continues to adhere to 45 CFR §155.205(a).
- Proposed Location: Carson City, Nevada (adjacent to the Exchange’s current main office).
 - Xerox currently maintains a lease for the office located adjacent to the Exchange. This office is equipped with cubicles (10) that Xerox has opted to leave to the landlord when they vacate. The Exchange would receive these cubicles as part of the lease agreement.
 - Xerox’s lease ends December 31, 2014, and the landlord is willing to allow the Exchange to sign a new lease for that space on March 1, 2015. This will allow the Exchange to connect the phone lines and software necessary during March to absorb the current 1-855-7NVLINK toll free number seamlessly on April 1.
 - An Exchange staff will be designated as the primary oversight of this Consumer Assistance Center with the ability to physically oversee this operation at any time.
- Proposed Staffing: 10 Navigators during open enrollment; 5 Navigators between open enrollment periods.
 - The Exchange has a robust Navigator program. The Exchange can therefore maximize experienced and certified Navigators to perform this critical consumer assistance all year long. Current agreements with approved Navigator entities can be revised to staff this Consumer Assistance Center all year long.
 - Based on experience after the next open enrollment (ending February 15, 2015) and the next open enrollment (October 15, 2015 – December 7, 2015), the staffing plan can expand or contract accordingly.

EXCHANGE CONSUMER ASSISTANCE CENTER – PROPOSED FUNDING

The Exchange has multiple options to pay for a new Consumer Assistance Center operation. The following assumptions were taken into consideration with regards to the funding options:

1. The Exchange Board would like to reduce the Per Member Per Month (PMPM) Fees charged to participating carriers in 2016.
2. The Exchange wants to ensure high quality consumer assistance to Nevadans.
3. The Exchange’s baseline enrollment for 2015 and beyond starts at 30,000 QHP enrollees to reflect 2014 enrollment.
4. The Exchange Board approved a previous budget amount for the Navigator program and Marketing/Outreach.

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5. The Legislature expects the Exchange to reduce costs to lower the PMPM fees.

The monthly/total (through December 31, 2015) costs for the proposed Exchange Consumer Assistance Center are as follows:

Type	Name	Monthly Cost 5 Navigators	Monthly Cost 10 Navigators	Total Cost
<i>Fixed</i>				
	Lease	\$2,800	\$2,800	\$28,000
	DOI EEF Certification for 10 Navigators – one-time cost			\$5,000
	Buildout (Phone Lines) – one-time cost			\$2,500
Total Fixed				\$35,500
<i>Variable</i>				
	5 Navigators (March 1 – August 31, 2015)	\$15,000 (6 months)		\$90,000
	10 Navigators (September 1 – December 31, 2015)		\$30,000 (4 months)	\$120,000
	Phone/Voice Mail	\$105	\$210	\$2,100
	Long Distance	\$40	\$80	\$800
	Email	\$40	\$80	\$800
Total Variable		\$17,363	\$34,725	\$213,700
Total Costs (March – December 2015)				\$249,200

OPTION 1: FUND THE CONSUMER ASSISTANCE CENTER WITH CURRENT NAVIGATOR BUDGET

On March 27, 2014, the Exchange Board approved Navigator entities and the budget for Exchange Enrollment Facilitators (EEFs) for the period starting April 1, 2014 through February 15, 2015. The EEF budget approved included a 30% increase from the previous budget. The Exchange utilized this budget to develop the next biennium budget that begins July 1, 2015. The total amount budgeted is \$2,269,040.

The Exchange can repurpose \$278,576 of the \$2,269,040 EEF Grant Funding to fund the proposed Consumer Assistance Center through December 31, 2015. Then pending 2015 enrollment, the Exchange Board can adjust the EEF Budgets accordingly for 2016.

Benefits: The Exchange can leverage existing Navigator program funding without adding expenses to the current overall budget. As reserves are collected and enrollment figures are obtained, the Exchange Board can re-evaluate budgets and potentially lower the PMPM for 2016 accordingly.

Drawbacks: The costs of the Consumer Assistance Center will reduce the future grants for the Navigator entities to perform Navigator duties in *their* locations. Although the Consumer Assistance Center navigators would be supplied by a Navigator entity (ies), those Navigators would be inaccessible to the entity(ies) for agency/organization efforts.

OPTION 2: FUND THE CONSUMER ASSISTANCE CENTER BY REPURPOSING THE ADVERTISING BUDGET

On March 27, 2014, the Exchange Board approved to keep advertising at the current peak level of \$500,000 per month. The 4 month cycle for advertising corresponds to a \$2 million budget. The Exchange utilized this budget to develop the next biennium budget that begins July 1, 2015.

The Exchange can repurpose \$278,576 of the \$2 million advertising budget to fund the proposed Customer Assistance center through December 31, 2015. Then pending 2015 enrollment, the Exchange Board can adjust the advertising budget accordingly for 2016.

Benefits: The Exchange can leverage existing advertising funding without adding expenses to the current overall budget. As reserves are collected and enrollment figures are obtained, the Exchange Board can re-evaluate budgets and potentially lower the PMPM for 2016 accordingly.

Drawbacks: The costs of the Consumer Assistance Center will reduce the advertising budget to perform marketing and outreach in Nevada in 2015. The Exchange has experienced great success in raising awareness (approximately 10% in 2013 before open enrollment to 70%+ after the first open enrollment period in 2014). Additionally, with the transition to Healthcare.gov and any changes that may occur in 2015, Nevadans may still need to be informed through these channels and lowering the budget reduces the overall impact statewide.

OPTION 3: FUND THE CONSUMER ASSISTANCE CENTER BY REPURPOSING ALL AVAILABLE BUDGETS

The Exchange has funding set aside for the Navigator Program (\$2.2 million), Advertising (\$2 million), and Consultants (\$200,000) for the 2015 budget cycle. The Exchange can reduce any/all of these budgets to fund the \$278,576 needed for the Consumer Assistance Center.

Benefits: The Exchange can leverage existing funding without adding expenses to the current overall budget. As reserves are collected and enrollment figures are obtained, the Exchange Board can re-evaluate budgets and potentially lower the PMPM for 2016 accordingly. Additionally, if the staffing levels prove to be insufficient (10 Navigators during open enrollment and 5 between open enrollments), this option allows the Exchange to repurpose funds from 3 sources to provide more flexibility moving forward with the Consumer Assistance Center operation.

Drawbacks: The costs of the Consumer Assistance Center will reduce budgets that were designed for specific functions already. These reductions would result in less productivity from the budgets they affect. This means either less Navigator control by granted entities, less advertising to get the word out to Nevadans, and/or less subject matter expert assistance (consultants) to help the Exchange solve problems both current and in the future.

RECOMMENDATION: UTILIZE OPTION 1 TO FUND THE CONSUMER ASSISTANCE CENTER

The Exchange has an approved 2014-2015 Navigator Budget to provide in-person assistance to Nevadans enrolling in health insurance. The proposed Consumer Assistance Center continues this process and simply relocates a portion of Navigators from their hiring agency office locations to a consolidated center with direct Exchange oversight. This allows the best of all worlds, providing community resources and a static center to provide the most amounts of opportunity to assist Nevadans while adhering to current budgetary approvals.